
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 909

Date: APRIL 21, 2006

CHANGE REQUEST 4401

SUBJECT: Cardiac Rehabilitation Programs

I. SUMMARY OF CHANGES: Effective for services on or after March 22, 2006, coverage for cardiac rehabilitation programs has been expanded. Billing requirements for these services are being added to chapter 32, section 140.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: March 22, 2006

IMPLEMENTATION DATE: June 21, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS:

(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	32/Table of Contents
N	32/140/Cardiac Rehabilitation Programs
N	32/140.1/Coding Requirements

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

*Unless otherwise specified, the effective date is the date of service.

Attachment - Business Requirements

Pub. 100-04	Transmittal: 909	Date: April 21, 2006	Change Request 4401
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SUBJECT: Cardiac Rehabilitation Programs

I. GENERAL INFORMATION

The Centers for Medicare and Medicaid Services (CMS) is expanding coverage for cardiac rehabilitation programs. The new coverage includes three additional clinical indications for cardiac rehabilitation services, an extended window of time during which services must be rendered to the beneficiary, and restructures the language in the policy for clarity.

Both the Claims Processing Manual, Pub. 100-04, chapter 32, section 140, and the National Coverage Determination Manual, Pub. 100-03, section 20.10, are being updated to reflect this change in policy.

A. Background: Prior to this policy expansion, CMS covered cardiac rehabilitation services for a patient with: (1) a documented diagnosis of acute myocardial infarction (MI) within the preceding 12 months; (2) coronary artery bypass surgery; and /or (3) stable angina pectoris. The old policy also included specific language regarding physician supervision requirements and the physician's physical location during the rehabilitation services. This language complicated the understanding and implementation of the policy by Medicare contractors and providers since other Medicare manuals also discussed the requirements around physician supervision.

B. Policy: The updated policy now provides coverage for six clinical indications, the three mentioned above, as well as three additional ones: (1) documented diagnosis of acute MI within the preceding 12 months; (2) coronary bypass surgery; (3) stable angina pectoris; (4) heart valve repair/replacement; (5) percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting; or (6) heart or heart-lung transplant. The updated policy also allows up to 18 weeks for a beneficiary to receive their maximum of 36 cardiac rehabilitation services. Additional services may be covered through local coverage determinations established by the contractor, but may not exceed 72 sessions within a 36-week period. The policy also lists the required components of comprehensive cardiac rehabilitation programs which must include a medical evaluation, a program to modify cardiac risk factors (e.g., nutritional counseling), prescribed exercise, education, and counseling. The Medicare benefit category for cardiac rehabilitation programs is incident to a physician's professional service therefore, the program must be under the direct supervision of a physician. Cross-references for the definition of physician supervision are outlined in the Code of Federal Regulations (CFR) at 42 CFR §410.26(a)(2) (defined through cross reference to 42 CFR §410.32(b)(3)(ii), or 42 CFR §410.27(f)).

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4401.1	<p>Effective for services performed on or after March 22, 2006, contractors shall cover cardiac rehabilitation programs according to section 20.10 of Pub.100-03 of the NCD Manual and section 140, chapter 32, of Pub. 100-04, of the Claims Processing Manual.</p> <p>The updated policy now includes 6 covered clinical indications for cardiac rehabilitation: (1) documented diagnosis of acute MI within the preceding 12 months; (2) coronary bypass surgery; (3) stable angina pectoris; (4) heart valve repair/replacement; (5) PTCA or coronary stenting; or (6) heart or heart-lung transplant. The policy also simplifies the language regarding physician supervision, lists the services required to provide a comprehensive program, and extends the possible duration of the program.</p>	X		X						
4401.2	Contractors and maintainers shall apply current payment methodologies, rates, and payments policies for cardiac rehabilitation services when these services are performed according to section 20.10, of Pub. 100-03, of the NCD Manual and Pub. 100-04, chapter 32, section 140, of the Claims Processing Manual.	X		X			X			
4401.3	Contractors shall not search and adjust claims that have already been processed unless brought to their attention.	X		X						

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4401.4	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X						

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: March 22, 2006</p> <p>Implementation Date: June 21, 2006</p> <p>Pre-Implementation Contact(s): JoAnna Baldwin, joanna.baldwin@cms.hhs.gov (coverage); Yvette Cousar, yvette.cousar@cms.hhs.gov (carrier claims); Bill Ruiz, william.ruiz@cms.hhs.gov (institutional claims)</p> <p>Post-Implementation Contact(s): Appropriate RO</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
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Medicare Claims Processing Manual

Chapter 32 – Billing Requirements for Special Services

Table of Contents

(Rev.909, 04-21-06)

140 - Cardiac Rehabilitation Programs

140.1- Coding Requirements

140 - Cardiac Rehabilitation Programs

(Rev.909, Issued: 04-21-06, Effective: 03-22-06, Implementation: 06-21-06)

Medicare covers cardiac rehabilitation exercise programs for patients who meet the following criteria:

- *Have a documented diagnosis of acute myocardial infarction within the preceding 12 months; or*
- *Have had coronary bypass surgery; or*
- *Have stable angina pectoris; or*
- *Have had heart valve repair/replacement; or*
- *Have had percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting; or*
- *Have had a heart or heart-lung transplant.*

Effective for dates of services on or after March 22, 2006, services provided in connection with a cardiac rehabilitation exercise program may be considered reasonable and necessary for up to 36 sessions. Patients generally receive 2 to 3 sessions per week for 12 to 18 weeks. The contractor has discretion to cover cardiac rehabilitation services beyond 18 weeks. Coverage must not exceed a total of 72 sessions for 36 weeks.

Cardiac rehabilitation programs shall be performed incident to physician's services in outpatient hospitals, or outpatient settings such as clinics or offices. Follow the policies for services incident to the services of a physician as they apply in each setting. For example, see Pub. 100-02, chapter 6, section 2.4.1, and Pub. 100-02, chapter 15, section 60.1.

(Refer to Publication 100-03, section 20.10 for further coverage guidelines.)

140.1 - Coding Requirements

(Rev.909, Issued: 04-21-06, Effective: 03-22-06, Implementation: 06-21-06)

The following are applicable HCPCS codes:

- *93797 - Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)*
- *93798 - Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)*